



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: SETON SPECIALTY HOSPITAL - INDIANAPOLIS

City of Hospital: Indianapolis

Year Begin: 07/01/2016 (mm/dd/yyyy format)

Year End: 06/30/2017 (mm/dd/yyyy format)

Person Completing the Report: Dustin McKinley

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Medicare Provider Number: 15-2020

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$120296271
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$120296271

2. Deductions From Revenue

Contractual Allowance	\$79531155
Other Deductions	\$0
Total Deductions	\$79531155

3. Total Operating Revenue

Net Patient Service Revenue	\$40765116
Other Operating Revenue	\$101075
Total Operating Revenue	\$40866191

4. Operating Expenses

Salaries and Wages	\$17351700	Employee Benefits	\$4518277
Depreciation and Amortization	\$1135958	Interest Expense	\$14379
Bad Debt	\$-512021	Other Expenses	\$12116326
Total Operating Expenses	\$34624619		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$6241572	Total Assets	\$20297290
Net Non-operating Gains over Loss	\$875	Total Liabilities	\$8051006

Total Net Gains	\$6242447
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$93951001	\$72547086	\$21403915
Medicaid	\$121375	\$369661	\$-248286
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$26223895	\$6614408	\$19609487
Total	\$120296271	\$79531155	\$40765116

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$410	\$-410

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$-256811
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$22741	
Subtotal	\$0	\$22741	\$-22741
DSH Payments	\$0		
Subtotal	\$0	\$22741	\$-22741
Medicare Shortfalls	\$0	\$5692169	
Other Government Programs	\$0	\$0	
Total	\$0	\$5714910	\$-5714910

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$42193	\$-42193
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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